DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 07/28/2006

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS CS (SEMIAMBULATORY) STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Facility Information

Facility Name: WABASH HOME (310710)

Address: 7716 W WABASH CT, MILWAUKEE, WI 53223

License Status: REGULAR

Licensed/Certified/Registered 03/01/1999

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0095829 End Date: 09/30/2005 Type: STANDARD Purpose: SURVEY/COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10008853 Served 11/07/2005

Deficiencies Cited Subject Area Subject Area Subject Area Corrected

83.32(1)(a) ASSESSMENT AND ISP

83.33(4) CLIENT GROUP SPECIFIC SERVICES 83.35(2) MODIFIED OR SPECIAL DIETS

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Enforcement History

Date: 11/03/2005 SOD #10008853 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION COMPLY WITH REQUIREMENT FORFEITURE---83.32(1)(a) FORFEITURE---83.33(4) FORFEITURE---83.35(2)

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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Complaint History

Date Complaint Received: 04/04/2005 Date Investigation Completed: 09/14/2005

Subject Area(s) Result SOD #

LICENSED CAPACITY /CLASS OF LICENSE
RESIDENT BEHAVIOR/FACILITY PRACTICE
NOT SUBSTANTIATED
SUBSTANTIATED

SUBSTANTIATED 10008853